

## Hazard Analysis Critical Control Point (HACCP) Application Checklist Vacuum Packaging - Reduced Oxygen Packaging (ROP)

<b>Establishment Name:</b>	<b>Tel:</b>
<b>Address:</b>	<b>Email:</b>
<b>Owner/Person-in-Charge:</b>	<b>Fax:</b>
<b>Who is in Charge of the HACCP Process?</b>	<b>Tel:</b>

**Before a plan may be approved a food establishment must have a satisfactory inspection history for the past year with no cooling or cold holding violations.**

This checklist must be complete before submission.

- ☐ Variance request, if required
- ☐ Name of each food product(s)
- ☐ A list of all ingredients – fish must be frozen before, during and after vacuum packaging
- ☐ A copy of the label, including use by date
- ☐ An accurate, step-by-step description of how the food is prepared, sealed, cold held, etc. (food flow) for each product. See example
- ☐ Standard Sanitation Operating Procedures (SSOP) including procedures prohibiting bare hand contact with ready-to-eat foods, handwashing protocols and how cross contamination between raw and ready-to-eat foods will be prevented. Also include a list of equipment and materials used in the process. Equipment must meet ANSI standards. These standards are in 4-1 and 4-2 of the FDA Model Food Code.
  - Describe how equipment is cleaned and sanitized. Also how often in the process equipment is cleaned (before beginning, between types of foods, etc.)
- ☐ Identification of the most important food safety control(s) for each process. Each of these important food safety controls is called a Critical Control Point (CCP). Critical Control Points for simple vacuum packaging operations usually include cold holding and use by dates. More complicated processes will have more CCPs. See HACCP worksheet

### DISTRICT HEALTH CENTERS

<b>EASTGATE</b> 14350 S.E. Eastgate Way Bellevue, WA 98007 (206) 296-9791	<b>DOWNTOWN</b> 401 - 5 <sup>th</sup> Avenue, Suite 1100 Seattle, WA 98104 (206) 296-4632
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### For Each Critical Control Point:

- ☐ Identify acceptable levels. These levels are called Critical Limits. **Critical Limits must be things you can measure.** Examples are refrigerated temperature (41° F or less), use by date (14 days or less) etc.
- ☐ Describe how the Critical Limits will be measured. Include who will measure, how they will measure and when they will measure.
- ☐ Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?
- ☐ What are the actions taken by the *person in charge* if the critical limit for each critical control point are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when the refrigerated product is above 41° F? Above 45°F?
- ☐ Include samples of the form(s) that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.
- ☐ Provide a food safety training program that shows employees and supervisors know how to perform the steps in this plan, how to use necessary equipment and how to implement corrective actions. Employees need to sign off on the training plan.
- ☐ Provide a refrigeration temperature log for one week to assure your refrigeration units can hold at 41°F or less.
- ☐ Include a statement that an approved, signed copy of the plan will be kept on the premises for review by the regulatory authority. Also a statement that the regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

**I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with Washington State Retail Food Code.**

**I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of the Title 5, King County Board of Health Food Code and may result in enforcement action.**

\_\_\_\_\_  
Permit Holder or Person-in-Charge      Signature/Title      Date: \_\_\_\_\_

### For Health Department Use:

Date	Reviewer	Comments	Accepted

Implementation Date: \_\_\_\_\_

**Sample Vacuum Packaging Food Flow**

Deli Meats from a USDA Permitted Facility

↓  
Received

↓  
Refrigerated

↓  
Sliced

↓  
Portioned, packaged

↓  
Vacuum sealed

↓  
Labeled and weighed

↓  
Refrigerated